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For information

Country note**

Central Asian republics and Kazakhstan

Summary

The Executive Director presents the country note for the Central Asian republics and Kazakhstan for programmes of cooperation for the period 2000 to 2004.

Overview

1. The present document contains an overview of the situation of children and women in the Central Asian republics (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and Kazakhstan; an analysis of the overall and country-specific "lessons learned", and the recommendations on (a) strategies and approaches for new programmes of cooperation for each country; and (b) the area-wide and cross-country programme policies. These recommendations have been agreed upon at the formal consultations with the Governments of each country and other main programme partners, including United Nations agencies, national and international non-governmental organizations (NGOs), and bilateral donors.

2. The transition in the Central Asian republics and Kazakhstan have brought some positive changes in political and economic systems. However, there have also been adverse changes affecting living standards for almost all the population groups. Factors such as disruption to traditional trade and financial transactions, difficulties in exploiting natural resources and bank failures have brought economic and social problems. Social safety nets have contracted, placing pressure on family coping capacities. Due to the continuing fall in government revenues, the provision of basic health and education services for children remains seriously unfunded. The inequality of incomes is becoming a notable feature of transition in the area. Chronic unemployment is growing, with a much larger unemployment rate for youth than for the overall population. In Kyrgyzstan, as many as one third of young people are unemployed.

* E/ICEF/1999/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

3. In spite of the different transition patterns and the variety of national economic strategies, the Central Asian republics and Kazakhstan have yet to deviate dramatically from the shared legacy of social, economic and administrative systems. This, together with the emerging cross-country integration trends and direct requests of the national Governments, enables UNICEF to continue to respond to the needs of children and women in the Central Asia and Kazakhstan with the area-based programme strategies and management structures that have already proved their cost-effectiveness and flexibility.

The situation of children and women

4. Despite transitional difficulties, several of the major health indicators reflect progress. Infant mortality rates (IMRs) continue to decline, and for 1997, they range from 25 to 44 per 1,000 live births for the five countries. However, considering strong doctor-to-patient ratios and almost universal use of hospitals for child birth, the rates are high. Outbreaks of diphtheria and malaria have occurred in 1995-1998. Acute respiratory infections (ARI) are responsible for around 35 per cent of infant mortality and 50 per cent of child mortality in the five countries. Impure drinking water supplies and low public awareness about sanitation contribute to making diarrhoeal diseases the second or third leading cause of infant mortality, depending on the country.

5. Maternal mortality shows little sign of declining throughout the area, ranging from 25 to 95 per 100,000 live births in the five countries. The use of abortion as a regular contraceptive measure by women is common. In each country, serious shortages of many essential drugs have not been overcome. The situation remains most severe at the primary health care (PHC) level, especially in rural and remote areas, including around the Aral Sea and in the mountains of Kyrgyzstan and Tajikistan.

6. Micronutrient deficiencies remain a problem, with high levels of iron deficiency anaemia and iodine deficiency disorders (IDD). Assessments of IDD in each country show large regions where goitre is endemic. There is little knowledge at the family level about the effects of IDD on children's mental development. Reduced family income continues to influence dietary practices negatively, creating a long-term legacy of health problems. Poverty and continuing price increases are forcing people to switch to less nutritious food. Studies show that over 80 per cent of mothers breastfeed from birth, but the rate of exclusive breastfeeding decreases significantly beyond four months.

7. The contraction of the Aral Sea has brought economic dislocation to the adjacent agricultural areas. The Semipalatinsk nuclear site ground, with 450 nuclear tests in the 40 years to 1989, has affected more than 2 million people. While the health implications are still under investigation, economic problems such as the displacement of agriculture are recognized to have affected the region. Air pollution in industrial zones and water contamination caused by the excessive use of chemicals exacerbate the situation and underscore many basic health problems. This does not take into account agricultural and industrial contamination, systems breakdowns and growing shortages of water treatment chemicals.

8. Educational budgets continue to be under pressure of restructuring. All five countries are facing serious problems, as there are not many qualified teachers entering and remaining in the profession. Paper and funds for the production of textbooks, teaching and learning materials at the primary level are in short supply. The physical condition of many schools has deteriorated below acceptable levels. Pre-school systems continue to shrink rapidly, and alternative community- and home-based child-care systems have been introduced on a limited scale so far.

9. In **Kazakhstan,** the national currency and inflation have stabilized, providing incentives for investments. However, there is a decline in real gross domestic product (GDP), unemployment is rising, and the fall in industrial and agricultural production persists. This has caused a high level of poverty and a decline in the life expectancy rate. According to 1996 figures, 31 per cent of the population of 15.6 million cannot afford the minimum "food basket", and 60 per cent of family income is spent on food. Compared to 1995, the 1996 health and education budget fell nearly 15 per cent, while defence spending grew by 10 per cent. In early 1997, the Government announced that social sector spending would not increase in the next two to three years.

10. For the first time, the 1995 Demographic and Health Survey for Kazakhstan included data on haemoglobin levels and revealed up to 70 per cent anaemia among children and pregnant women. Polio eradication has progressed, with certification in sight by the year 2000. Decentralized control of diarrhoeal diseases (CDD)/ARI programmes have played a positive role in reducing child mortality. Emerging health problems that require attention include significant increases in hepatitis, a high level of maternal deaths, a predominance of various micronutrient deficiencies in many regions,

elevated levels of sexually transmitted diseases (STDs) and growing HIV/AIDS.

11. Economic restructuring in **Kyrgyzstan** has seriously affected the safety nets. Health and education budgets have been drastically reduced. Due to economic hardship, inflation and unemployment, an increasing number of families (more than 42 per cent) are falling below the poverty line. Although the country is still heavily dependent on food imports, agricultural production increased and accounted for the biggest share of GDP, almost 47 per cent, while the industry sector contributed less than 12 per cent.

12. Coverage of the expanded programme on immunization (EPI) of more than 85 per cent of children under one year old fully immunized has been sustained during 1997-1998. Accelerated national polio eradication efforts have brought results, with no cases of polio reported in the past three years. However, maternal mortality remains unacceptably high. The prevailing rate of iron deficiency anaemia among young children and women is also a concern. Some 43 per cent of pregnant women are anaemic. IDD and micronutrient malnutrition among young children are high. Flour fortification and weekly supplementation tablets have been used to address these problems. Nearly one half of the population, especially in rural areas, lack access to safe drinking water, and only 20 per cent have access to adequate sanitary facilities. In education, an attempt has begun to revise the school curriculum to meet the changing needs of the market environment, but it has slowed down due to resource constraints.

13. **Tajikistan**, with a population of nearly 6 million, remains the poorest of the newly independent States, with widening gaps between rich and poor. This remote country suffered badly from the civil war during much of the time since its independence. Despite an agreement between the Government and the United Tajik Opposition in 1997, peace and security are still fragile. Economic indicators continue to be characterized by a reduction in GDP, with about a 90 per cent decline in the last five years. Growing unemployment, reduced industrial and agricultural production, and insignificant investments have led most families to be preoccupied with simply meeting basic needs. Due to emerging gender disparities, inadequate access to food and clean drinking water supplies, and the deterioration of basic medical and educational services, the numbers in vulnerable circumstances have increased dramatically. Women are especially adversely affected by the civil war and its consequences such as social fragmentation and eroded social security. A noticeable retreat of women from their previous participation in employment, education and political life is observed.

14. Previously developed health services, including immunization, home visits and close contacts between families and health professionals, are threatened by a lack of resources. This has caused new problems, including outbreaks of diphtheria, typhoid and malaria - diseases that had not been seen since the 1950s. The recent outbreak of typhoid in the capital of Dushanbe reflects the general decline in basic urban services. The education system is faced with the departure of teachers to better paid jobs, a lack of school maintenance and basic classroom supplies, and textbook scarcity. Many schools have no running water and extremely poor sanitation facilities. These factors and limited job opportunities have pushed school enrolment down to only 65 per cent in 1996.

15. The long-term development of **Turkmenistan** will be determined by substantial reserves of gas and oil. However, the overall economic and social situation still shows signs of deterioration. Declining volumes of trade and revenues, partial social sector budgetary allocations and excess employment in the state sector are endangering the development of social safety nets. Despite concerted governmental efforts in social reform, the situation for vulnerable groups remains a concern. The fall in IMR is steady, from 46 per 1,000 live births in 1994 to 38 in 1997, but there is a high level of maternal deaths, 105 per 100,000 live births in 1996. Over 60 per cent of women of child-bearing age suffer from iron deficiency anaemia, and IDD is widespread.

16. Reduced resource allocations may undermine a record of the high education achievement of over 95 per cent literacy rates in 1996. Low sanitation coverage (urban and rural access to safe sanitation of 45 and 2 per cent, respectively), and poor hygiene practices, coupled with the environmental threat to children in the Aral Sea region, remain major challenges.

17. **Uzbekistan** is endowed with gas, oil and precious metals, but so far economic trends have been uncertain, reflected by a recent fall-off in foreign investments. The shared border with Afghanistan and Tajikistan has led to concerns about national security. Continuing problems of economic restructuring and inflation pose a threat to the maintenance of social services, endangering the capacity to respond to the needs of the most vulnerable parts of the population, including children.

18. IMR and the maternal mortality rate in Uzbekistan are the lowest in Central Asia, 24 per 1,000 live births

and 21 per 100,000 live birth, respectively, in 1996. EPI coverage is recorded as over 90 per cent, with no cases of polio reported since 1996. However, micronutrient deficiencies continue to pose a major health problem, the most prevalent being iron deficiency anaemia and IDD. The education system faces many challenges ranging from the provision of basic classroom needs to structural reform. The Government is integrating health and hygiene education into the national curriculum, but many schools continue to face hygiene problems because of the lack of safe water and adequate sanitation.

Lessons learned from past cooperation

19. The programme has included a supply component aimed at bridging the gaps caused by the dislocation of national budgets for social sectors. UNICEF supply assistance has been reduced over time, with governmental partners assuming increased responsibility. An example of this has been the Vaccine Independence Initiative, supported by the Government of Japan, that will enable Kazakhstan, Turkmenistan and Uzbekistan to achieve vaccine self-sufficiency by the year 2000. The success of the Initiative has motivated Governments to initiate similar financial mechanisms for the funding of other health care activities.

20. Despite some progress, partial access to modern publications and negative attitudes towards innovations affect the ability of professionals to conceptualize an effective path towards an improved development. Therefore, publishing work has produced a series of manuals and handbooks for health and education professionals that covered a diverse range of issues, including children's rights, safe immunization practices, hygiene and tolerance education.

21. Kyrgyzstan is the first Central Asian country to complete the report on implementation of the Convention on the Rights of the Child. The reporting process brought together partners in the Government, national NGOs and United Nations agencies in an effective interaction on child rights. This collaboration process offers a model to many countries and societies in transition. Winter emergency assistance to children in the country, including children in institutions, has provided a cost-effective model for the rapid mobilization of integrated basic services for children and women and can be replicated in other disadvantaged regions of Central Asia.

22. The Aral Sea Project for Regional and Environmental Assistance (ASPERA) has generated high-level support of PHC, primary education and hygiene practices for the response to the socio-economic problems associated with the environmental disaster. Effected regions (*oblasts*) of Kazakhstan, Turkmenistan and Uzbekistan work together, ensuring a continuous experience exchange in tackling common themes and adapting innovative intersectoral programming. Monitoring and transparency for ASPERA is carried out through "Social Project Operations Centres" which collect and display updated information on progress. These centres are managed by local administrations and are opened to all interested partners, including the United Nations and bilateral donors.

23. Another cross-national initiative that has achieved an effective experience exchange is the Central Asian "Mother and Child Health [MCH] Forum". The MCH Forum is coordinating professional development workshops and technical meetings on specific issues of shared concern, including maternal and perinatal mortality, hygiene and sanitation, safe immunization practices, breastfeeding and nutrition. Specialized working groups have been established under the Forum to ensure continued networking and information and experience exchange. These have led to reviews of professional practices and have helped to identify areas for further capacity development. The MCH Forum lends itself as a model for replication in education and rural water supply and by child-focused NGOs.

24. The water and sanitation programme has facilitated the creation and growth of local NGOs. The strengthening of these partners offers an important example of the role that civil society can play in extending service provision and in drawing greater public participation into its management.

25. Through the joint UNICEF and Kazakhstan Institute of Nutrition (KIN) initiative to address anaemia problems, Kazakhstan has become perhaps a regional leader in advocacy and practical actions for the control of iron deficiency anaemia through a combination of measures: iron supplementation; flour fortification; nutrition education; and research. The KIN-based anaemia control programme provides a model of further institutional capacity-building and can be applied area-wide.

26. Peace and tolerance education has been introduced and coordinated at the area-wide level. Materials and education techniques developed in Tajikistan have been used in Kyrgyzstan and other countries, facilitating experience exchange and minimizing the materials production costs.

27. The UNICEF area approach to management and operations has proven an effective framework. The area approach for the Central Asian republics and Kazakhstan allows UNICEF and its partners to gain from the experience exchange and coordinate actions in health and hygiene education, anaemia, children's rights and safe immunization practices. This framework should be maintained, enabling UNICEF, Governments and other partners to respond to specific needs in a flexible manner. International conferences on the Convention on the Rights of the Child in Almaty (Kazakhstan) and Ashgabat (Turkmenistan) clearly showed that the area approach also forms an effective setting for integrated rights-based programming and monitoring.

Proposed programme strategy

28. The Central Asian republics and Kazakhstan will continue to share the following area-wide goals: (a) to ensure that basic social services for children and women continue to be accessible and guaranteed without gender or ethnic discrimination; (b) to ensure that social sector systems are reformed with innovative policies and cost-effective approaches; (c) to assure sustainable progressive implementation of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women, and to sustain the goals of the World Summit for Children; (d) to empower families as well as social sectors professionals to act more effectively towards child health, development, protection and participation by enhancing responsibility, knowledge and initiative; and (e) to support civil society development and capacity-building of national NGOs and public institutions for children and women.

29. Programme implementation will remain flexible area-wide. UNICEF inputs will be directed towards problems where assistance will result in sustainable impact. Programme activities will be further decentralized and, where appropriate, interrelated among the countries. Supply assistance, except where provided to address emergencies, will serve to support national capacity- building. UNICEF will continue to support the development of civil society, enabling greater community involvement in the planning and management of project activities, in particular in the Aral Sea region. Special attention will be given to support partners in implementing the Convention on the Rights of the Child, with an emphasis on the emerging challenges of STDs, HIV/AIDS and drug abuse. The transition process also opens up the debate about the problems of children in institutions, children with disabilities, children in conflict with the law, street children and juvenile justice. UNICEF will seek to support partners working to advance children's rights in these areas.

30. UNICEF will continue its close cooperation with United Nations agencies, notably the United Nations Development Programme, the Office of the United Nations High Commissioner for Refugees, the Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund and the World Food Programme in relation to support to social services and humanitarian assistance. UNICEF will collaborate closely with the World Health Organization in EPI and health sector reform. Regular coordination meetings will be held to harmonize activities. Partnerships with local and international NGOs established within the framework of the country programmes will be enhanced.

31. As the health systems of the Central Asian republics and Kazakhstan move towards a greater emphasis on PHC, UNICEF will support them in seeking to underpin child rights. Support will include advocacy, in-service training and focused supply assistance. Areas to be addressed include CDD and the control of ARI, strengthening perinatal services and reproductive health. Support to countries to reduce maternal mortality will be provided through supporting the preparation of national plans of action.

32. UNICEF will continue support to the control of vaccine-preventable diseases, with the aim of enhancing monitoring and surveillance to eliminate polio and maintain diphtheria control. Assistance in areas such as safe immunization will continue across all five countries through the MCH Forum. Efforts will be made to extend the Vaccine Independence Initiative to Kyrgyzstan and Tajikistan.

33. Support to maternal and child nutrition will continue, with the increased promotion of breastfeeding, the completion of IDD prevention programmes and the arresting of iron deficiency anaemia. Work on the latter has begun. This is innovative in drawing iron supplementation, flour fortification and nutrition education together, and will have monitoring and evaluation elements, to enable replication throughout the area and elsewhere.

34. The emergence of HIV/AIDS has been perceived as a localized problem. Now efforts to achieve a wider assessment are under way in collaboration with UNAIDS. Reflecting on experience elsewhere in the Commonwealth of Independent States, however, the threat may be much wider than expected. UNICEF will seek to respond to this by integrating the HIV/AIDS component with a

health education package in schools, which will also take into account the dangers of drug abuse. Health education will also include hygiene education activities undertaken in the water and sanitation programme.

35. Education has a key role in transition. UNICEF will support education authorities in monitoring enrolment through the development of education tracking systems. In order to ensure a sustainable source of school materials, UNICEF will seek to develop revolving funds in textbook production. An intersectoral approach to health education will ensure that parents and children have the knowledge to make informed decisions about health. Another challenge in an area of rich ethnic diversity is that of tolerance and peace education. This is in the process of being expanded in Tajikistan and Kyrgyzstan, and will be shared more widely in the other countries.

36. In water and sanitation, the programme will continue to focus on meeting the needs of those with least access, including rural communities, schools and health centres. UNICEF will continue to promote the use of new and low-cost alternatives that have proven effective, including the hygiene school package. Hygiene education will be stressed in rural areas.

37. The ASPERA project will continue to build on the intersectoral and intercountry approaches used more widely in Central Asia and Kazakhstan. Thus, support to the development of civil society, health and hygiene education, and family empowerment, together with the responses to emerging problems, will be central to the continuing work of the project.

38. Responding to the rapidly evolving nature of the area, UNICEF programmes will have significant monitoring and evaluation components, supporting partners in assessing the extent of change and shaping responses. In part, this is reflected in the UNICEF MONEE project (the system designed to monitor social conditions during the transition), joined by the Central Asian republics and Kazakhstan in 1997-1998. UNICEF will enhance the capacity of the Governments and civil society to monitor child rights and to disseminate information on the situation of children and women. Support will be provided for research to influence national social policies. Collaboration on project development, networking and exchange missions will be promoted within the area framework.

39. The programmes will maintain strong advocacy elements, much of which is achieved through the MCH Forum, children's rights conferences and round tables, and other area-wide initiatives. Much can be gained from the fullest exchange of experience between countries at all the levels, including civil society. Special attention will be given to supporting Governments and national and local NGOs in taking the integrated rights-based approach to programming forward.

40. In **Kazakhstan**, UNICEF will continue to work with the Government, local authorities and other concerned partners on ARI/CDD, ensuring that a strong health promotion component figures in the Integrated Management of Childhood Illnesses. This and other health and hygiene promotion activities will be linked to the national Presidential programme of "Healthy Lifestyles".

41. Further development of the education monitoring system that will enable the Government to take timely measures to remedy drops in enrolment or attendance will be a priority. The focus for improving hygiene at schools and health facilities will continue, with special attention to the situation in the environmentally affected areas. The successes with advocacy on the Convention on the Rights of the Child and the involvement of the local and national organizations, including the Bobek Fund, will be valuable resources to build further programme activities and networks.

42. The new programme for **Kyrgyzstan** will build on positive experiences in supporting national health programmes. Breastfeeding promotion, growth monitoring and the control of anaemia and IDD will be pursued in an integrated manner. The MCH Forum and its working groups will continue to play an important role in expanding health and nutrition programme activities to all regions of the country, including remote Naryn and Talas.

43. UNICEF support will be provided to maintain high literacy rates, to further develop and expand peace education, and to improve the education information system. The problem of increasing numbers of school drop-outs, especially in rural areas, and in-service training for teachers are also recognized as key issues. UNICEF will continue to work with NGOs in ensuring that schools have access to safe water and hygiene. Efforts will continue to follow-up on the report on implementation of the Convention. The Kyrgyzstan Convention on the Rights of the Child Committee will be strengthened to ensure that basic service delivery for children and women are maintained.

44. Despite the difficult situation in **Tajikistan**, the role of UNICEF has been pivotal for developing models for action in health, with a diphtheria control programme;

water and sanitation support, with strong community and local NGO participation; and with peace education replicated throughout Central Asia. Given the limitations imposed by the aftermath of civil war, the peace process and the transition, UNICEF will seek to further build on earlier achievements for improved services for children and women in health, education, water supply and hygiene education, peace education and implementation of the Convention.

45. In light of the enormous social needs, direct assistance will remain an important element, in addition to focusing on expanding local capacities and community networks for children. Within the rights-based framework, the programme thrusts will include building towards an active PHC partnership, and strong local community participation in improving water and sanitation services. Peace education efforts will be expanded, and support to a revolving textbook fund, currently under discussion with the Government and the World Bank, should help to equip schools to respond to the opportunities brought by the peace process.

46. During the current country programme cycle, UNICEF has also managed an emergency programme in war-affected areas of Tajikistan, coordinated with the United Nations Office of the Coordinator for Humanitarian Appeals, other United Nations and bilateral agencies, and the NGO community. As the peace settlement becomes more strongly established, UNICEF will seek to further strengthen and develop partnerships with communities and local NGOs.

47. Within the transition and under the overall umbrella of the rights-based approach, UNICEF cooperation in **Turkmenistan** will continue to focus attention on the needs of children and women to safeguard the quality of health and education services. UNICEF will seek to build on the earlier strategic principles of focused direct assistance, advocacy and capacity-building. With the Government's intention to support NGO development, UNICEF will also continue to strengthen its partnerships with civil society.

48. The programme of cooperation in **Uzbekistan** will continue to blend direct assistance to service delivery, advocacy and capacity-building, while seeking to monitor the situation of children and women through the transition process. UNICEF will seek to support the Presidential programme of "Healthy Lifestyles", building intersectoral partnerships to take this forward. Salt iodization has recently begun, and monitoring the incidence of IDD will be important to ensure their eradication. Another recent development has been the creation of a national breastfeeding centre in Tashkent, which will support the development of the Baby-Friendly Hospital Initiative.

49. Future strategies within the rights-based framework will build on the lessons learned. Support to progress already achieved will continue, to secure goals such as the certification of Uzbekistan as free from polio. Micronutrient deficiencies will also be addressed, particularly iron deficiency anaemia. Work with national NGOs will continue, thus helping to underpin civil society. Key partners in developing and strengthening child rights will be the Parliamentary Committee for Human Rights and the Parliamentary Ombudsman.

Estimated programme budget

Estimated programme cooperation, 2000-2004 a/

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Kazakhstan	4 185	7 500	11 685
Kyrgyzstan	3 830	2 500	6 330
Tajikistan	5 285	1 500	6 785
Turkmenistan	3 970	1 250	5 220
Uzbekistan	6 830	12 500	19 330
Total	24 100	25 250	49 350

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.